Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
			B. WING							
		005004	B. WING		07/22/2015					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
FRANCISCAN ST MARGARET HEALTH - HAMMOND HAMMOND, IN 46320										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	ORRECTIVE ACTION SHOULD BE COMPLÉTE EFERENCED TO THE APPROPRIATE DATE					
				DEFICIENCY)						
S 000	INITIAL COMMENTS		S 000							
	This was an off-site State licensure survey.									
	Survey date: 7/22/15									
	Facility number: 005004									
	QA: cjl 07/23/15									
S 296	96 410 IAC 15-1.4-1 GOVERNING BOARD		S 296							
	410 IAC 15-1.4-1 (c)(2	2)								
	(c) The governing boar for managing the hos governing board shall following:	pital. The								
	(2) Appoint a qualified executive officer who the authority and resp managing the hospita the division the name executive officer within after the appointment	is delegated consibility for I and report to of the chief n ten (10) days								
	report to the division t	eview, the facility failed to								
	Findings:									
	"New president chose hospital campuses," t "Franciscan Alliance h									

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

PRINTED: 07/23/2015 FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		005004	B. WING		07/22/2015	
					07/22/2015	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATI	E, ZIP CODE		
FRANCISC	CAN ST MARGARET HEA	ALTH - HAMMOND	HMAN AVE ND, IN 46320			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
\$ 296	Continued From page CEO of Franciscan Scampuses in Dyer and expanding Franciscar Munster." 2. Review of the Facil the Indiana State Dep ASPEN database pririndicated A1 was the and Hammond campus. 3. Review of the Facil the Indiana State Dep ASPEN database pririndicated A1 was the and Hammond campus. 4. Review of the document of the page 1.	t. Margaret Health, with d Hammond, and the healthcare campus in lity Information recorded in partment of Health (ISDH) and an instrator for the Dyer uses. Ity Information recorded in partment of Health (ISDH) and instrator for the Dyer uses. Ity Information recorded in partment of Health (ISDH) and instrator for the Dyer uses. It is a constant of the Dyer uses.	S 296		RIATE DATE	

Indiana State Department of Health